

FILED JUN 5 1957

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17401
STATE FILE NUMBER 2348

Registration District No. 199 Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Unity Lutheran</u>		d. STREET ADDRESS <u>2102 East 36th St.</u>	
Length of stay in 1b <u>47 years</u>		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LILATH</u> Middle <u>TRACY</u> Last <u>TRACY</u>		4. DATE OF DEATH Month <u>May</u> Day <u>19</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 11, 1880</u>
9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (City and state or country) <u>Maryville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Thomas Cartwright</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Walker</u>	
14. NAME OF HUSBAND OR WIFE <u>Allen Tracy</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Nellie Tracy-2102 East 36th Street</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Generalized Arterio-Sclerosis</u> DUE TO (c) <u>331X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:30 P.</u> Month, Day, Year <u>5/18/57</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>BRASH CREEK</u>		20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY</u> COUNTY <u>MISSOURI</u> STATE <u>MISSOURI</u>	
21. I attended the deceased from <u>5/18/57</u> to <u>5/19/57</u> and last saw her alive on <u>5/19/57</u> Death occurred at <u>9:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. W. Young</u> (Degree or title) <u>M. D.</u>	
22b. ADDRESS <u>1401 S. W. Blvd. K.C. Mo.</u>		22c. DATE SIGNED <u>5/20/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 21-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		23d. LOCATION (City, town, or county) <u>KANSAS CITY MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS' SONS</u> ADDRESS <u>KANSAS CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>5-21-57</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. W. Young

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Everett L. Smith

Licensed Embalmer No. *5001*

P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.